MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10014

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 39 Years
Hospital, institution, or street address where death occurred:
129-A West Fourth Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DEACESED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 129-A West Fourth Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
MATTIE CELESTA ABRECHT

**3. (b) Social Security Number**
None

4. Sex: F
5. Color or race: W
6. (c) ~~Single, married, widowed, or divorced~~: M

6. (b) Name of ~~husband or wife~~: Ernest Abrecht, Sr.
6. (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): July 2, 1889

8. AGE: Years 58 | Months 4 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick County Maryland
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: William S. Shankle
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Florence V. Harris
15. Birthplace: Frederick County Maryland

16. Informant: Ernest Abrecht, Sr.
Address: 129-A W. 4th St., Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 11/26/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 24 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1947, at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 11 1947, to Nov. 23 1947 and that I last saw h. alive on Nov. 23 1947

Immediate cause of death: Venous Coma
Due to: Nephritis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION: 48 hrs, 30 days

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank A. Hedge M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 11-24-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

## CERTIFICATE OF DEATH

Reg. Dist. No. 1 | 3 | 15

**1. PLACE OF DEATH:**

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, Institution, or street address where death occurred: 250 East Seventh Street

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 250 East Seventh Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3.(a) FULL NAME**: LESTER DANIEL ALLISON

**3.(b) Social Security Number**: NONE

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of ~~husband~~ or wife: Campsy M. Fry

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): August 20-1864

8. AGE: Years: 83 Months: 3 Days: 2 If less than one day: hrs. min.

9. Birthplace: Charlestown, West Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Charles Allison

13. Birthplace: West Virginia

MOTHER

14. Maiden name: Margaret Fur

15. Birthplace: West Virginia

16. Informant: Mrs. Lester D. Allison

Address: 250 E. 7th. St.- Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: November 25-47 (month) (day) (year)

Cemetery or ~~crematory~~: Church Hill Cemetery

Location: Ballenger Creek Rd.- Frederick, Co. Md.

18. Funeral director: C.E. Cline and Son

Address: Frederick, Md.

19. 24 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck, Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22nd, 1947 at 11:10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-1-1941, to 11-22-1947 and that I last saw h. ~~him~~ alive on 11/22 1947

Immediate cause of death: Chronic Renal Vascular Disease — Duration: 2 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: [illegible] Md. Date signed: 11/24/47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10016

93d

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**
County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) No
2.(a) If veteran, name war

**3.(a) FULL NAME** Joseph Ross Angevine

**3.(b) Social Security Number** 038-07-0292

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife: Esther C. Kinna
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1885 (mo.-da. unknown)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | | | hrs. min. |

9. Birthplace: Frederick City, Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: William H. Angevine
13. Birthplace: Maryland

MOTHER
14. Maiden name: Roselta Angevine.
15. Birthplace: Maryland.

16. Informant: Mrs. Etta Burns
Address: Thurmont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6, 194 (month) (day) (year)
Cemetery or crematory: Creagerstown Cemetery
Location: Creagerstown, Md.
18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. Nov. 6 1947 (Date rec'd by registrar) Blanche S. Eyler Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1947, at 12 45 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 1947, to Nov. 3 1947
and that I last saw him alive on Nov. 3 1947

| Immediate cause of death | DURATION |
|---|---|
| Heart failure — Chronic | |
| Myocarditis | 3 years |
| Due to | |
| Due to | |
| Other conditions: Bronchial Asthma | 5 years |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lamont T. Gray M.D. M. D. or other
Address Thurmont Md. Date signed 11/4/47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

178X

10617

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County: Frederick

City or town: Catoctin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Catoctin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

**3. (a) FULL NAME** George H. Baker

**3. (b) Social Security Number** no

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Margaret Baker

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 2 - 1873

8. AGE: Years 74 Months 6 Days 23 If less than one day hrs. min.

9. Birthplace: Catoctin (Town, county, and state)

10. Usual occupation: Retired, S.E. Employee

11. Industry or business:

FATHER 12. Name: George Baker

13. Birthplace: Germany

MOTHER 14. Maiden name: Annie Unknown

15. Birthplace: Germany

16. Informant: Mrs. F. E. Fraley

Address: 109 Begler St Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 29-47 (month) (day) (year)

Cemetery or crematory: Blue Ridge Cem

Location: Thurmont Md

18. Funeral director: M. L. Creager Sons

Address: Thurmont Md

19 Nov 28 1947 Blanche S. Eyler Registrar (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 25 November 1947 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 1947 to 1947

and that I last saw him alive on 26 November 1947

Immediate cause of death: Coal gas poisoning

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 7

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 25 Nov. 47

Where did injury occur? Catoctin Furnace (City or town) Frederick (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Faulty heating stove Injured at work? No

23. SIGNATURE: Charles H. Conley Jr. M.D. Asst. Dep. Med. Examiner M. D. or other

Address: Frederick, Md. Date signed 26 Nov. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45 15M

(I)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10018

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

**1. PLACE OF DEATH:**

County: Frederick

City or town: Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

**3. (a) FULL NAME**

Carlton Daniel Beachley

**3. (b) Social Security Number**

—

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | white | Married |

6.(b) Name of husband or wife: Florence Beachley

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): July 18, 1873

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 3 | 28 | hrs. min. |

9. Birthplace: Middletown Frederick Co., Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Daniel Beachley

13. Birthplace: Middletown, Md.

MOTHER

14. Maiden name: Rebecca Shafer

15. Birthplace: Middletown, Md.

16. Informant: Florence Beachley

Address: Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-19-47 (month) (day) (year)

Cemetery or crematory: Pleasant View Cemetery

Location: Rural Middletown, Md.

18. Funeral director: Bradhill Co.

Address: Middletown, Md.

19. Nov. 19 1947 Marie Bradhill

(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 16 1947 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1947 to Nov 16 1947 and that I last saw h. alive on Nov 16 1947

| Immediate cause of death | DURATION |
|---|---|
| Coronary Occlusion. | 3 hrs |
| Due to Coronary Sclerosis | 2 yrs |
| Due to Senility & Generalized Arteriosclerosis | — |
| | — |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did Injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: C. L. Brice M. D. or other

Address: Jefferson Md. Date signed: 11/18/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10619

46 of X

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, Institution, or street address where death occurred: Mrs. Crutchley's Home 708 N. Market St.

How long in hospital or institution? 10 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Frd'k.

City or town: Libertytown, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. X
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Connie C. Beall

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 7-26-1866

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 3 | 10 | ... hrs. ... min. |

9. Birthplace: Libertytown, Md.
(Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business

FATHER
12. Name: Wm. H. Beall
13. Birthplace: Libertytown, Md.

MOTHER
14. Maiden name: Margaret Devaudner
15. Birthplace: Libertytown, Md.

16. Informant: Ora W. Beall, U.S.
Address: Libertytown, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Nov. 6, 1947 (month) (day) (year)

Cemetery or crematory: Fairmount

Location: Libertytown Md.

18. Funeral director: Burdette & Hartsler

Address: Woodsboro, Md.

19. 5 Nov 1947 (Date rec'd by registrar) Elizabeth B. Hoch Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 4 1947 at 12:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1947 to Nov. 4 1947 and that I last saw h. alive on Nov. 3 1947

Immediate cause of death: Carcinoma of Liver — DURATION: Unknown

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Ora W. Beall, U.S. M. D. or other

Address: Libertytown Md. Date signed 11/5/47

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

88a

10020

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

~~City~~ or town: Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, Institution, or street address where death occurred:

Frederick County Emergency Hospital

How long in hospital or institution? 3 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City or town~~: Rural- Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Pleasant Walk

(If rural, give LOCATION)

2.(a) If veteran, name war:

**3.(a) FULL NAME**

NOAH JOHNSON BETTS

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, ~~married, widowed, or divorced~~ |
|---|---|---|
| Male | White | Single |

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 3, 1867

8. AGE: Years: 80 Months: 1 Days: 12 If less than one day: hrs. min.

9. Birthplace: Pleasant Walk, Fred. Co., Md. (Town, county, and state)

10. Usual occupation: Retired day Laborer

11. Industry or business:

FATHER 12. Name: Samuel Betts

13. Birthplace: Maryland

MOTHER 14. Maiden name: Mahala Betts

15. Birthplace: Maryland

16. Informant: Don Warrenfeltz

Address: Myersville, Md.

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof: Nov. 18, 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Pleasant Walk U. B.

Location: Nr. Myersville, Md.

18. Funeral director: Paul F. Bittle

Address: Myersville, Md.

19. Nov 17 1947 (Date rec'd by registrar) Elizabeth Y. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 15 1947 at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1947 to Nov. 15 1947 and that I last saw h.i.m. alive on Nov. 15 1947

Immediate cause of death: Cerebral hemorrhage — DURATION: 3 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Bernard Thomas Jr. M.D. (M. D. or other)

Address: Frederick, Md. Date signed: 11/16/47

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10021

932

Reg. Dist. No. 138

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred: Bartonsville
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Bartonsville
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
MARY ELLEN THOMAS BOWIE

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | C | W |

6.(b) Name of husband or wife: Emory Columbus Bowie
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): ~~Unknown~~ 1880

8. AGE: Years: 67? Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: Bartonsville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: Jonas Thomas
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Elizabeth Bowens
15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Russell A. Dykes
Address: R. F. D. #1, Frederick, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 11/6/47 (month) (day) (year)
Cemetery or crematory: Bartonsville Cemetery
Location: R. F. D. #1, Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 5-Nov 1941 Lucian K. Fahrney
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 3rd, 1947, at 4:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1947 to November 3 1947 and that I last saw him alive on November 3 1947

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | 6 Months |
| C Hypertension | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard W. Ash M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 11-4-47

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

# CERTIFICATE OF DEATH

Reg. Dist. No. 10022 132

**1. PLACE OF DEATH:**

County: Frederick

City or town: Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

**3. (a) FULL NAME:** Eldridge Clarke Boyer

**3. (b) Social Security Number:** no

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | white | widowed |

6.(b) Name of husband or wife: Ella May Boyer 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 18, 1879

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 5 | 21 | hrs. min. |

9. Birthplace: Middletown Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Boyer
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden name: Loretta Slifer
15. Birthplace: Middletown, Md.

16. Informant: Richard Boyer
Address: Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-12-47 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Md.

18. Funeral director: Bladhill Co.
Address: Middletown, Md.

19. Nov 12 1947 (Date rec'd by registrar) Marie Bladhill Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9, 1947 19 42 at 3:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 9 1947 to Nov 9 1947 and that I last saw him alive on Nov 9 1947

| Immediate cause of death | DURATION |
|---|---|
| Coronary Occlusion | 6 hrs |
| Due to | |
| Due to | |
| Other conditions: Hypertension | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: J. E. Harp MD
M. D. or other

Address: Middletown Date signed 11-10-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

10023

170a

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MV

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, Institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 2 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Frederick
~~City or town~~: Rural, Woodsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.: —
(If rural, give LOCATION)
2.(a) If veteran, name war: —

**3.(a) FULL NAME**
Lester V. Breeden

**3.(b) Social Security Number**
—

4. Sex: M
5. Color or race: W
6.(a) ~~Single, married, widowed, or divorced~~: Married
6.(b) Name of ~~husband~~ or wife: Loma Carpenter
6.(c) If alive, give age: 33 years
7. Birth date of deceased (mo., day, yr.): Sept. 17, 1904
8. AGE: Years 43 Months 2 Days 1 If less than one day ... hrs. ... min.
9. Birthplace: West Virginia (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: —
FATHER 12. Name: Raymond A. Breeden
FATHER 13. Birthplace: Madison Co., Va.
MOTHER 14. Maiden name: Martha Miller
MOTHER 15. Birthplace: Page Co. Va.
16. Informant: Mrs Loma Breeden
Address: Woodsboro Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 30 1947 (month) (day) (year)
Cemetery ~~or crematory~~: Elwood
Location: Shepherdstown, W. Va.
18. Funeral director: G. C. Barton
Address: Walkersville, Md.
19. 29 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 27 1947, at 6 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on Nov 27 1947 (died)

| | DURATION |
|---|---|
| Immediate cause of death: Compound fracture of left upper arm. Internal injuries. | 2 days |
| Due to: Shock, hemorrhage | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 11-27-47
Where did Injury occur? Near Woodsboro (City or town) Frederick (County) Md. (State)
Injured at home, farm, industry, public place (where?): County Road
Means of Injury: Hit by auto hit car
Injured at work? no.

23. SIGNATURE: R. W. Barr D. County Med Exr. (M. D. or other)
Address: Frederick, Md Date signed: 11-27-47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

10024

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County: Frederick

City or town: Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

**3.(a) FULL NAME:** John Theodore Clem

**3.(b) Social Security Number:** None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Annie Roser Clem

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): September 16, 1870

8. AGE: Years: 77 Months: 1 Days: 23 If less than one day: hrs. min.

9. Birthplace: Rocky Ridge, Frederick Co. Md
(Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business

FATHER
12. Name: Ezra Clem
13. Birthplace: Frederick Co., Md.

MOTHER
14. Maiden name: Mary Ann Whitmore
15. Birthplace: Frederick Co., Md

16. Informant: Mrs. John Clem
Address: Rocky Ridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12, 1947 (month) (day) (year)

Cemetery or crematory: Church Of the Brethern

Location: Rocky Ridge, Md.

18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. Nov. 10 1947 (Date rec'd by registrar) Blanche L. Eyler Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9, 1947 at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31 1947 to November 9 1947 and that I last saw him alive on November 6 1947

| Immediate cause of death | DURATION |
|---|---|
| Cerebral hemorrhage | 10 days |
| Due to: Hypertension | ? |
| Arteriosclerosis | ? |
| Due to: | |
| Other conditions: Myocarditis, chronic | ? |

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. Franklin Birk MD M. D. or other

Address: Thurmont Md Date signed: Nov. 10, 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

940

10025

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred: 20 East Fifth Street

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DEASCED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 20 East Fifth Street

(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

**3. (a) FULL NAME:** ROY WILBUR CLEM

**3. (b) Social Security Number:** 214-10-3531

4. Sex: M

5. Color or race: W

6.(a) ~~Single, married, widowed,~~ or divorced: D

6.(b) Name of ~~husband~~ or wife: Avis Moss

6.(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): March 16, 1893

8. AGE: Years 54 | Months 8 | Days 2 | If less than one day ... hrs. ... min.

9. Birthplace: Woodsboro-Frederick-Maryland (Town, county, and state)

10. Usual occupation: Disposal Plant

11. Industry or business: City of Frederick

FATHER

12. Name: Martin L. Clem

13. Birthplace: Frederick County Maryland

MOTHER

14. Maiden name: Mary Ellen Wills

15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Mary E. Clem

Address: 20 E. 5th St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/21/47 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Hope Cemetery

Location: Woodsboro, Maryland

19. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 19 Nov 19 47 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 18 19 47 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...

and that I last saw him alive on Nov 18 19 47 dead

Immediate cause of death: Coronary occlusion — DURATION: Immediate

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P. W. Baer Deputy Med Ex. (M. D. or other)

Address: Frederick Date signed 11-18-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10026

Reg. Diat. No. 138

**1. PLACE OF DEATH:**

County: Frederick

City or town: New London

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: New London

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Lois Ruby Copeland

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February 8 - 1947

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| | 9 | 8 | hrs. min. |

9. Birthplace Frederick Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name James Copeland

13. Birthplace Md

MOTHER

14. Maiden name Sadie Monroe

15. Birthplace Md

16. Informant James Copeland

Address Mt Airy R1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 18-47 (month) (day) (year)

Cemetery or crematory Fountain Mills Cemetery

Location Fountain Mills Md

18. Funeral director W E Falconer

Address New Market Md

19. Nov 18 1947 Lucian K. Falconer (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1947, at 12 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1947 to Nov 16 1947 and that I last saw h.. alive on Nov 16, 1947 19..

| Immediate cause of death | DURATION |
|---|---|
| Broncho-pneumonia | 3 days |
| Due to: Whooping Cough | 16 days |
| Due to: | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest P. Roop, M.D. M. D. or other

Address New Market, Md. Date signed 11-18-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

93d

# CERTIFICATE OF DEATH

10627
Reg. Dist. No. 144

**1. PLACE OF DEATH:**
County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Water Street
(If rural, give LOCATION)
2.(a) If veteran, name war: No

**3. (a) FULL NAME:** THADDEUS CREAGER

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife: Mary E. Holtz.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 21, 1858

8. AGE: Years: 89 Months: 7 Days: 3 If less than one day: hrs. min.

9. Birthplace: Thurmont, Frederick Co., Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: William T. Creager
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary E. Rouzer.
15. Birthplace: Maryland

16. Informant: Clayton Creager.
Address: Thurmont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: November 27/47 (month) (day) (year)
Cemetery or crematory: Mt. Carmel Cemetery
Location: Thurmont, Md.

18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. Nov 27 1947 Blanche S. Eyler
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24, 1947 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17 1947 to Nov. 24 1947
and that I last saw h. in alive on November 24 1947

| Immediate cause of death | DURATION |
|---|---|
| myocarditis, chronic | ? |
| Due to | |
| Due to | |
| Other conditions: arteriosclerosis | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: M. Franklin Bish M.D.
M. D. or other
Address: Thurmont Md Date signed: 11/26/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

# CERTIFICATE OF DEATH

Reg. Dist. No. 10028 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, Institution, or street address where death occurred:
157 West Patrick Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 157 West Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME**
CHARLES CURTIS DEVILBISS

**3.(b) Social Security Number**

4. Sex: M
5. Color or race: W
6.(a) ~~Single, married, widowed~~, or divorced: D
6.(b) Name of ~~husband~~ or wife: Catherine Yinger
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): July 12, 1897
8. AGE: Years 50 Months 3 Days 17 If less than one day ..... hrs. ..... min.
9. Birthplace: Frederick County Maryland
(Town, county, and state)
10. Usual occupation: Paperhanger
11. Industry or business
FATHER 12. Name: James E. Devilbiss
13. Birthplace: Frederick County Maryland
MOTHER 14. Maiden name: Laura Michael
15. Birthplace: Frederick County Maryland
16. Informant: Miss Nina Devilbiss
Address: 157 W. Patrick St., Frederick, Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/12/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. 10 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hoff Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9th 1947 at 3:15PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him ~~alive~~ dead on November 9 1947 3:45 pm
Immediate cause of death: Coronary Occlusion — DURATION 2 hrs.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S. R. Schroeder M.D.
Substitutory Deputy medical examiner
Address: 7 & 2nd St Frederick Date signed: 11/10/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93d

CB 10073 4
Reg. Dist. No. ..... Reg. No. .....

**1. PLACE OF DEATH:**
County: Frederick
City or town: Emmitsburg,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, Institution, or street address where death occurred:
St. Joseph's Central House
How long in hospital or institution? 4 months

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Mass. County: Cambridge
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

**3.(a) FULL NAME**
Annie Margaret Dewes (Sister Josepha)

**3.(b) Social Security Number**
no

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Sr. of Charity |

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 9, 1879

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 3 | 21 | hrs. min. |

9. Birthplace: St. Louis, Missouri (Town, county, and state)
10. Usual occupation: Institutional work
11. Industry or business:

FATHER
12. Name: Joseph Dewes
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Koenig
15. Birthplace: Germany

16. Informant: Sister Assistant
Address: St. Joseph's Central House

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 2, 1947 (month) (day) (year)
Cemetery or crematory: St. Jos. Private Cemetery
Location: Emmitsburg, Maryland

18. Funeral director: W. L. Allison
Address: Emmitsburg Md.

19. Dec 1 1947 (Date rec'd by registrar) Ben F. Shorb per T Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov 30 1947 at 1:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1947 to Nov 30 1947 and that I last saw h. alive on Nov 25 1947

| Immediate cause of death | DURATION |
|---|---|
| Cerebral hemorrhage | 1 mo |
| Due to: Arteriosclerotic cardiac vascular disease | several years |
| Due to: | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury: Injured at work?

23. SIGNATURE: W. R. Cadle MD M. D. or other
Address: Emmitsburg Md. Date signed: 11-30-47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10030

9

**1. PLACE OF DEATH**

County: Frederick — Registration Dist. No. 212

Village or City: Near Mt. Ephraim — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred: 0 yrs. 20 mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Clifton Thomas Diggs

(a) Residence: No. Same as above St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 14, 1946

7. AGE: Years ~~1946~~ 1; Months ~~Feb~~ 9; Days ~~14~~ 11; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mt. Ephraim, Fred Co. Md.

FATHER

13. NAME: William R. Diggs Sr

14. BIRTHPLACE (city or town) (State or country): Bellsville, Mt Gomery Co

MOTHER

15. MAIDEN NAME: Dorothy Corine Rawlings

16. BIRTHPLACE (city or town) (State or country): Mt Ephraim, Frederick Co

17. INFORMANT: Dorothy Corine Diggs (Address)

18. BURIAL, CREMATION, OR REMOVAL: Buried. Place: Poolesville. Date: Nov 27, 1947

19. UNDERTAKER: Clarence H. Davis (Address): Poolesville Md

20. FILED: 11/27, 1947 Charles H. Elgin, Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** 11 (Month) 25 (Day), 1947 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1947, to 11-25, 1947

I last saw him alive on 11-25, 1947; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation | Oct. 47 |
| Due to Whooping Cough. | |

Other Contributary Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. G. Browne Jr. M. D.

(Address) Frederick, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

46 ex

10031

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since November 6, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 503 Magnolia Aveune
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
MARY ALICE ROELKEY DOTY

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married, widowed, or divorced~~ |
|---|---|---|
| F | W | W |

6.(b) Name of husband ~~or wife~~: Rev. Dr. Robert W. Doty
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 24, 1882

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 4 | 26 | ..... hrs. ..... min. |

9. Birthplace: Nr. Knoxville-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business
FATHER 12. Name: David H. Roelkey
13. Birthplace: Frederick County Maryland
MOTHER 14. Maiden name: Martha Alice Renn
15. Birthplace: Frederick County Maryland
16. Informant: Miss Louise Doty
Address: 503 Magnolia Ave., Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/13/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. 10 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10, 1947 at 12:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6 1947 to Nov. 10 1947
and that I last saw him alive on Nov. 10 1947

| Immediate cause of death | DURATION |
|---|---|
| Intestinal Obstruction | 4 days |
| Due to: Carcinoma of Hepatic Flexure of Colon | 4 mo. |
| Due to: | |
| Other conditions: Diabetes Mellitus | Several years |

(Include pregnancy within 3 months of death)
Major findings of operation: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. A. Pearre M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 11-10-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52 bX

# CERTIFICATE OF DEATH

Reg. Diat. No. 10032 140

**1. PLACE OF DEATH:**

County: Frederick

City or town: Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Millard Lee Eyler

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W. | Married |

6.(b) Name of husband or wife: Hilda Boller Eyler

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Jan 16. 1873.

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 9 | 17 | hrs. min. |

9. Birthplace: Frederick Co. Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER

12. Name: Ephriam Eyler

13. Birthplace: Md.

MOTHER

14. Maiden name: Sarah Waltz

15. Birthplace: Md.

16. Informant: Millard E. Eyler

Address: Winchester Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Hope

Location: Woodsboro Md.

18. Funeral director: Powell & Hartzler

Address: Woodsboro Md

19. Nov. 5. 1947 (Date rec'd by registrar) L L Powell Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3. 1947 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to November 1947 and that I last saw him alive on November 3. 1947

Immediate cause of death: Papillary carcinoma bladder — DURATION: 2 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury: Injured at work?

23. SIGNATURE James E. Stoner Jr MD M. D. or other

Address: Walkersville Md Date signed 5 Nov 47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

178X

10033

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County: Frederick

City or town: Utica

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Utica

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

**3. (a) FULL NAME** Alma Pearl Fisher

**3. (b) Social Security Number** none

**4. Sex** Female

**5. Color or race** White

**6.(a) Single, married, widowed, or divorced** Widowed

6.(b) Name of husband or wife: Charlie Fisher

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): February 22, 1870

**8. AGE:** Years 77 Months 8 Days 29 If less than one day ... hrs. ... min.

9. Birthplace: Lewistown, Frederick Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: George W. Taylor

FATHER 13. Birthplace: Pennsylvania

MOTHER 14. Maiden name: Annie M. Roberts

MOTHER 15. Birthplace: Rockville, Md.

16. Informant: Carey S. Taylor

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 23, 1947 (month) (day) (year)

Cemetery or crematory: Utica Cemetery

Location: Utica, Md.

18. Funeral director: M. L. Reager & Son

Address: Thurmont, Md.

19. Nov. 23 1947 (Date rec'd by registrar) Blanche S. Eyler Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: NOV 21 1947 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19... and that I last saw her alive on Nov 21 1947

Immediate cause of death: Asphyxiation due to coal gas — DURATION: 2 hrs.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 11.20.47

Where did injury occur? Utica (City or town) Frederick (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Coal gas - CO. Injured at work? no

DR. R. W. BAKER DEPUTY MEDICAL EXAMINER

23. SIGNATURE: ... M. D. or other

Address: Frederick Md. Date signed:

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

163 B

10034

Reg. Dist. No. 141

**1. PLACE OF DEATH:**
County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs.
Hospital, institution, or street address where death occurred:
16 A St.
How long in hospital or institution? —

**2. USUAL RESIDENCE (HOME) OF DEASCED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 16 A St.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

**3.(a) FULL NAME** William Lee Grubb

**3.(b) Social Security Number** —

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: widowed
6.(b) Name of husband or wife: Ulysse Angeline Frye.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Sept 1st 1864

**8. AGE:** Years 83 | Months 2 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER
12. Name: Benjamin Grubb
13. Birthplace: Virginia
MOTHER
14. Maiden name: Jane Catherine Buchanan
15. Birthplace: Virginia
16. Informant: Mrs Entelle Phillips
Address: Brunswick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-7-47 (month) (day) (year)
Cemetery or crematory: Mt Olivet.
Location: Rural Lovettsville Va
18. Funeral director: C. H. Fete & Bro
Address: Brunswick Md.
19. Nov. 6 1947 (Date rec'd by registrar) Kathryn H. Brown (Dep) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1947, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him alive on Nov 5 1947 Dead

Immediate cause of death: Poisoned by Lumenal 3.6 grains

| | DURATION |
|---|---|
| | 2 days |

Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of 11.2.47
Where did Injury occur? Brunswick (City or town) Frederick (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of Injury Lumenal Injured at work? no

23. SIGNATURE R. W. Bow. Deputy Med Ex. M. D. or other
Address: Frederick, Md Date signed 11.5.47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10035

94a

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or town: Mt Pleasant (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs.
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)
State: Ohio County:
City or town: Cincinnati (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: Spanish American

**3. (a) FULL NAME:** John V. Hahn

**3. (b) Social Security Number:**

4. Sex: Male
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: don't know
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): sept 27 - 1873
8. AGE: Years: 74 Months: 1 Days: 28 If less than one day: hrs. min.
9. Birthplace: Frederick County (Town, county, and state)
10. Usual occupation: don't know
11. Industry or business:
FATHER 12. Name: Jacob Hahn
13. Birthplace: Frederick County
MOTHER 14. Maiden name: Margaret M. Mikesell
15. Birthplace: Frederick Co.
16. Informant: Mrs Elsie Hamilton
Address: Route 1, Fred. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28, 1947 (month) (day) (year)
Cemetery or crematory: Rocky Hill
Location: Nr. Woodsboro
18. Funeral director: G. C. Barton
Address: Walkersville, Md.
19. 28 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: NOV 25 1947 at 1 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h. alive on died Nov 25 1947
Immediate cause of death: Coronary occlusion — DURATION: Months
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did Injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: P. W. Boer Deputy Med Ex M. D. or other
Address: Frederick Md. Date signed: 1-25-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

10036

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

73d

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
317 East Patrick Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 317 East Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
KATIE VIOLA SOPHIA HAMILTON

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| F | W | M |

6.(b) Name of husband or ~~wife~~: John W. Hamilton
6.(c) If alive, give age: 79 years
7. Birth date of deceased (mo., day, yr.): November 21, 1878

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 0 | 4 | hrs. min. |

9. Birthplace: Middletown-Frederick-Maryland (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: Lawson Biser
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Barbara E. Remsburg
15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Forrest Covell
Address: 518 W. Patrick St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/28/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 28 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hecht Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 25, 1947 at 7:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to Nov. 25 1947 and that I last saw her alive on Nov. 24th 1947

| Immediate cause of death | DURATION |
|---|---|
| Anaemia | 6 months |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: M. G. Bourne M. D. (M. D. or other)
Address: Frederick, Maryland Date signed: 11-27-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10037

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50 +

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
309 Upper College Terrace
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 309 Upper College Terrace
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME**
CARRIE CAPTALIA HOLTZ

**3.(b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married,~~ widowed, or ~~divorced~~ |
|---|---|---|
| F | W | W |

6.(b) Name of husband or ~~wife~~: Clarence C. Holtz
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): April 13, 1865

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 6 | 26 | ..... hrs. ..... min. |

9. Birthplace: Frederick County Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business
FATHER 12. Name: Cornelius Staley
13. Birthplace: Frederick County Maryland
MOTHER 14. Maiden name: Mary Measell
15. Birthplace: Frederick County Maryland
16. Informant: Mrs. William M. Smith
Address: 309 Upper College Terrace, Fred'k, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/12/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. 10 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 9th 1947 at 3:50A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947, to Nov. 9 1947
and that I last saw h Dr alive on Nov. 9. 1947

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma breast | 3 years |
| Due to | |
| Due to | |
| Other conditions: Chronic Nephritis | " " |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wm M Smith M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 11-10-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

170C 10038

Reg. Dist. No. 131

MV

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Myersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**: Eugenia Jennie Horine

**3. (b) Social Security Number**: None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: John L. Horine
6.(c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): ~~Nov~~ May 3 - 1876
8. AGE: Years: 71 Months: 6 Days: 8 If less than one day: hrs. min.
9. Birthplace: Myersville Fred. Co. Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Daniel V. Harp
13. Birthplace: Myersville, Md.
MOTHER 14. Maiden name: Eugenia Sheffer
15. Birthplace: Myersville, Md.
16. Informant: Eugenia Smith
Address: Braddock Heights, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-14-47 (month) (day) (year)
Cemetery or crematory: U.B. Cemetery
Location: Myersville, Md.
18. Funeral director: Blackhill Co.
Address: Middletown, Md.
19. Nov. 13 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 11 1947 at 10:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h.s.w. alive on Nov 11 1947
Immediate cause of death: Cardiac insufficiency — DURATION: 3 days
Due to: Stroke
Due to: auto accident
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 11.5.47
Where did injury occur? Near Middletown (City or town) Frederick (County) Md (State)
Injured at home, farm, industry, public place (where?): Route 17 Md
Means of Injury: Auto Injured at work? No

23. SIGNATURE: DR. R. W. BAER DEPUTY CHIEF MEDICAL EXAMINER M.D. or other
Address: Frederick Date signed: Nov

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10039

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

94a

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution? 9 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Frederick

~~City or town~~: Mt Airy R.D. Route # 4
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Maggie Hoy

**3.(b) Social Security Number**

4. Sex: F.

5. Color or race: col.

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of husband or ~~wife~~: Wilbert Hoy

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 15, 1886

8. AGE: Years 61 Months 6 Days 23 If less than one day hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Benjamin Disney
13. Birthplace: Md.

MOTHER
14. Maiden name: Ida — ?
15. Birthplace: Md.

16. Informant: Mr. Wilbert Hoy
Address: Mt Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-9-47 (month) (day) (year)
Cemetery or ~~crematory~~: Woodville Cem.
Location: Woodville, Md.

18. Funeral director: C. M. Waltz, Jr.
Address: Winfield, Md.

19. 7-Nov 1947 Elizabeth G. Heck.
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Oct 29~~ Nov 7 1947 at 1:04 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1947 to Nov 7 1947 and that I last saw her alive on Nov 7 1947

Immediate cause of death: Coronary Occlusion — DURATION: 1 wk

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E P Thomas M. D. or other

Address: Frederick Md. Date signed Nov 7-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

94a

10040

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 Years
Hospital, institution, or street address where death occurred:
110 West Patrick Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 110 West Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
MARY LOUISE SHRINER JOHNSTON

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| F | W | M |

6.(b) Name of husband or ~~wife~~: Arthur R. Johnston
6.(c) If alive, give age: Unknown years
7. Birth date of deceased (mo., day, yr.): December 13, 1874

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 10 | 18 | hrs. min. |

9. Birthplace: Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: George W. B. Shriner
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Alice Eader
15. Birthplace: Frederick, Maryland

16. Informant: Mrs. Richard P. Ross
Address: 118 W. Church St., Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 11/4/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 3 Nov 1947 (Date rec'd by registrar) Elizabeth Y. Heck. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1st, 1947 at 10:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19 to 19
and that I last saw her ~~alive~~ dead on 1 November 1947

Immediate cause of death: Coronary Thrombosis — DURATION: Instt.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Corley Jr. M. D.
Asst Dep. Med. Examiner M. D. or other
Address: Frederick, Maryland Date signed: 11-3-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10041

112

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County: Frederick

City or town: Thurmont

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No.: East Street

(If rural, give LOCATION)

2.(a) If veteran, name war: No

**3.(a) FULL NAME:** ANNA MAY JONES

**3.(b) Social Security Number:** None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Benjamin M. Jones

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 27, 1879

8. AGE: Years 68 Months 4 Days 25 If less than one day: hrs. min.

9. Birthplace: Taneytown, Carroll Co., Md (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Housewife

FATHER 12. Name: Charles C. Currens

FATHER 13. Birthplace: Carroll County, Md.

MOTHER 14. Maiden name: Amanda Schaeffer.

MOTHER 15. Birthplace: Taneytown, Carroll Co., Md

16. Informant: Mrs. George A. Ricker.

Address: Thurmont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24, 1947 (month) (day) (year)

Cemetery or crematory: United Brethern

Location: Thurmont, Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Md.

19. Nov. 24 1947 (Date rec'd by registrar) Blanche S. Eyler Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22 1947, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1947, to Nov. 22 1947 and that I last saw him alive on Nov. 21 1947

Immediate cause of death: Bronchial Asthma — DURATION: 8 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James T. Gray M.D. M. D. or other

Address: Thurmont, Md. Date signed: Nov. 24 '47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

159 10042

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Frederick Memorial Hospital
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D 3
(If rural, give LOCATION)
2.(a) If veteran, name war: —

**3. (a) FULL NAME**: Baby Boy Keyser

**3. (b) Social Security Number**: —

4. Sex: Male
5. Color or race: White
6.(a) Single, ~~married, widowed, or divorced~~: Single
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): November 5, 1947

8. AGE: Years: 0 Months: 0 Days: 0 If less than one day: 1 hrs. 5 min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)
10. Usual occupation: ✓
11. Industry or business
FATHER 12. Name: Marcus Donald Keyser
FATHER 13. Birthplace: Frederick Co. Md.
MOTHER 14. Maiden name: Fay Schultz
MOTHER 15. Birthplace: Frederick Co. Md.
16. Informant: Mr. Marcus D. Keyser
Address: Frederick R.F.D. #3
17. Burial (Burial, cremation, or removal): Date thereof: 11-6-1947 (month) (day) (year)
Cemetery or ~~crematory~~: Bethel Cemetery
Location: Mt. Charlesville, Md.
18. Funeral director: M. R. Etchison & Son
Address: Frederick, Md.
19. 6 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1947 at 10:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.... to 19.... and that I last saw h... alive on Nov 5 1947

Immediate cause of death: Asphyxiation — DURATION
Due to: Premature Birth — DURATION
Due to: 6 months — DURATION
Other conditions: — DURATION
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Laurence Fahrney M.D. M. D. or other
Address: Frederick Md Date signed: 11-5-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10043

13b

Reg. Dist. No. 139

**1. PLACE OF DEATH:**
County: Frederick
City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 5/6/46
Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/6/46

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4016 - 35th St.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME**
Myrtle Kogel

**3.(b) Social Security Number**
216-18-7684

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1892

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 8 | 15 | hrs. min. |

9. Birthplace: Omaha, Nebraska
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: C. G. Elsasser
13. Birthplace: Germany
MOTHER 14. Maiden name: Adelia Orchied
15. Birthplace: Iowa
16. Informant: Deceased
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/29/47 (month) (day) (year)
Cemetery ~~XXXXX~~ Ft. Lincoln
Location: Colmar Manor, Maryland
18. Funeral director: Wm. J. Nalley
Address: 3200 R.I.Ave., Mt. Rainier, Md.
19. Nov. 27 1947 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1947 at 5:00A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1946 to Nov. 26 1947 and that I last saw her alive on November 26 1947
Immediate cause of death: Pulmonary Tuberculosis — DURATION: 21 Mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE [signature] M. D. ~~XXXX~~
Address State Sanatorium, Md. Date signed 11/27/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

830

10044

Reg. Diat. No. 131

**1. PLACE OF DEATH:**

County: Frederick

~~City or town~~: Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, Institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? 6 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) It veteran, name war: no

**3.(a) FULL NAME** Rose Kaiser Kohlweyer.

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married~~, widowed, or ~~divorced~~ |
|---|---|---|
| Female | White | Widowed |

6.(b) Name of husband or ~~wife~~: Henry Kohlweyer

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 23, 1874

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 8 | 25 | hrs. min. |

9. Birthplace: Pittsburgh, Pa.
(Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business

FATHER
12. Name: Frederick Kaiser.
13. Birthplace: Germany.

MOTHER
14. Maiden name: Lizetta Bergman.
15. Birthplace: Germany.

16. Informant: Mrs. Fred. Keyser,
Address: 107 De Walt Ave. Pittsburgh, Pa.

17. Removal Date thereof: Nov. 19, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Transportation

Location: to Pittsburgh, Pa.

18. Funeral director: M. L. Creager & Son.
Address: Thurmont, Md.

19. Nov. 18 1947 Elizabeth G. Hecle
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 18 1947 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1947 to Nov. 18 1947 and that I last saw h.er alive on Nov. 18 1947

| Immediate cause of death | DURATION |
|---|---|
| Cerebral hemorrhage | 7 days |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Bernard Thomas Jr. M.D.
M. D. or other

Address: Frederick, Md. Date signed 11/18/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10045

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 2 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md. County: Howard

City or town: Ridgeville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Leon George W. Lemmon

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6.(b) Name of husband or wife: Georgetta Leishear

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1864

8. AGE: Years 83 | Months 1 | Days 13 | If less than one day ... hrs. ... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER 12. Name: James Lemmon

13. Birthplace: Md.

MOTHER 14. Maiden name: Amanda Warfield

15. Birthplace: Md.

16. Informant: Mrs Georgetta Lemmon

Address: Mt Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 6, 1947 (month) (day) (year)

Cemetery or crematory: Presbyterian Cemetery

Location: Linthicum, Md.

18. Funeral director: C. Harry Weer

Address: Sykesville, Md.

19. 3 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hardy Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 3 1947 at 6:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to November 3 1947 and that I last saw him living on November 3 1947

| Immediate cause of death: Bronchopneumonia | DURATION |
|---|---|
| Due to: Cerebral hemorrhage | |
| Due to: Arteriosclerotic heart disease | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: A. Austin Pearre M. D. or other

Address: Frederick, Md. Date signed 11/3/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1376

10046

## CERTIFICATE OF DEATH

Reg. Dist. No. 133

**1. PLACE OF DEATH:**

County: Frederick

City or town: Rural Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Rural Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

**3.(a) FULL NAME**: William Franklin Lewis

**3.(b) Social Security Number**: —

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | white | Married |

6.(b) Name of husband or wife: Mary Forrest Lewis

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): March 13, 1870

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 7 | 20 | hrs. min. |

9. Birthplace: Wolfsville, Frederick County, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John W. Lewis
13. Birthplace: Wolfsville, Md.

MOTHER
14. Maiden name: Lizzie Harrison
15. Birthplace: Wolfsville, Md.

16. Informant: Mary F. Lewis
Address: Smithsburg, Md. Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-6-47 (month) (day) (year)

Cemetery or crematory: Mt. Bethel Cemetery

Location: Garfield, Md.

18. Funeral director: Aldridge Co.

Address: Middletown, Md.

19. Nov. 6 1947 (Date rec'd by registrar) Oneita Wolfe Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1, 1947 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1947, to Nov 2 1947 and that I last saw ~~living~~ alive on Nov 2 1947

| Immediate cause of death | DURATION |
|---|---|
| Uremia Coma | 1 day |
| Due to: Prostatitis | ? |
| Due to: | |
| Other conditions: Ov visit 11/2/47 Not previously treated | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury: Injured at work?

23. SIGNATURE: Harry R. Fisher M.D. M. D. or other

Address: 1-3 W. Wash. St. Hagerstown Attended 11/4/47

10047

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/17/46

Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/17/46

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2128 E. Baltimore St.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

**3.(a) FULL NAME**
Joseph Lezon

**3.(b) Social Security Number**
212-07-5295

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widower |

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 12, 1885

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 7 | 27 | hrs. min. |

9. Birthplace: Poland
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business

FATHER
12. Name: John Lezon
13. Birthplace: Poland

MOTHER
14. Maiden name: Mary Janecuko
15. Birthplace: Poland

16. Informant: Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12, 1947 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Frederick Rd., Baltimore, Md.

18. Funeral director: J. G. Connelly

Address: 418 Eastern Ave., Baltimore, Md.

19. Nov. 10 1947 (Date rec'd by registrar) J. G. Lynn Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 8 19 47 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1946 to Nov. 8 1947

and that I last saw him alive on November 8 1947

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 24 Mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. W. Bacon M. D.

Address: State Sanatorium, Md. Date signed: 11/10/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10048

Reg. Diat. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/30/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/30/47

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1461 Reynolds St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

**3.(a) FULL NAME**
William J. Lorenz

**3.(b) Social Security Number**
215-10-7765

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of husband or wife: Kathryn Lorenz

6.(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1912

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 35 | 2 | 7 | hrs. min. |

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Assembler

11. Industry or business

FATHER
12. Name: Wm. Lorenz
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Margaret McDonald
15. Birthplace: Baltimore, Md.

16. Informant: Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 15, 1947 (month) (day) (year)

Cemetery or crematory: New Cathedral Cemetery

Location: Baltimore, Maryland

18. Funeral director: Charles F. Dill

Address: 1501 E. Fort Ave., Balto., Md.

19. Nov. 12 1947 (Date rec'd by registrar) [signature] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 11 1947 at 5:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1947 to Nov. 11 1947 and that I last saw him alive on November 11 1947

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | 12 Mos. |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. G. Baccini M. D.

Address: State Sanatorium, Md. Date signed: 11/12/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10049

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/26/45

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/26/45

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1517 Pumphrey St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

**3.(a) FULL NAME**
Henry McNew

**3.(b) Social Security Number**
214-01-7382

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of ~~husband~~ wife: Selena McNew

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 31, 1910

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 37 | 2 | 29 | ____ hrs. ____ min. |

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business

FATHER
12. Name: Henry McNew
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Margaret Frost (?)
15. Birthplace: Baltimore, Md.

16. Informant: Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 2, 1947 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cem.

Location: 7225 Eastern Ave Baltimore Md.

18. Funeral director: Clarence F. Hoffman

Address: 1639 N. Broadway, Baltimore, Md.

19. Dec. 1 19 47 (Date rec'd by registrar) [signature] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 29 19 47 at 1:35P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 26 19 45 to Nov. 29 19 47 and that I last saw him alive on November 29 19 47

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 32 Mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D.

Address: State Sanatorium, Md. Date signed: 12/1/47

10050

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/9/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/9/47

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 25 Arch St.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

**3.(a) FULL NAME**
Willis H. Messick

**3.(b) Social Security Number**
705-10-3815

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of ~~husband or~~ wife: Lillian Ethel Messick

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): June 12, 1889

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 5 | 0 | hrs. min. |

9. Birthplace: Romney, W. Va.
(Town, county, and state)

10. Usual occupation: Car Repairman

11. Industry or business

FATHER
12. Name: James A. Messick
13. Birthplace: Romney, W. Va.

MOTHER
14. Maiden name: Ida Roderick
15. Birthplace: Romney, W. Va.

16. Informant: Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/14/47 (month) (day) (year)

Cemetery: Rose Hill

Location: Cumberland, Maryland

18. Funeral director: John J. Hafer

Address: 230 Balto. Ave., Cumberland, Md.

19. Nov. 12 (Date rec'd by registrar) 19 47 [signature] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 11 19 47 at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 19 47 to Nov. 11 19 47 and that I last saw him alive on November 11 19 47

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | 30 Yrs. |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: R. G. Bassi M. D.

Address: State Sanatorium, Md. Date signed: 11/12/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

10051

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or town: Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hrs.

Hospital, Institution, or street address where death occurred:
Frederick County Emergency Hospital

How long in hospital or institution? 3 hrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Rural - near Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rt. #1
(If rural, give LOCATION)

2.(a) If veteran, name war:

**3.(a) FULL NAME** Calvin William Miller

**3.(b) Social Security Number** ✓

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | W | S. |

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 23, 1947

**8. AGE:** Years 0 | Months 0 | Days 0 | If less than one day: 9 hrs. 45 min.

9. Birthplace: Rural - near Thurmont, Md.
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Calvin C. Miller
13. Birthplace: Frederick Co., Md.

MOTHER
14. Maiden name: Evelyn A.M. Shreve
15. Birthplace: Washington D.C.

16. Informant: Mrs. Calvin C. Miller
Address: Thurmont, Rt. 1, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet

Location: Frederick

18. Funeral director: Harry E. Carty Co.

Address: Frederick, Md.

19. 24 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hess Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1947, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1947, to Nov. 23 1947 and that I last saw him alive on Nov. 23 1947

Immediate cause of death: Prematurity (6 mo.)

| | DURATION |
|---|---|
| Due to: | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. Franklin Birely M.D.
M. D. or other

Address: Thurmont Md. Date signed: Nov. 23 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10052

164c

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

#58 Taney Apartments

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: #58 Taney Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3.(a) FULL NAME**

JOHN MARION MILLER

**3.(b) Social Security Number**

218-10-2378

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married, widowed, or divorced~~ |
|---|---|---|
| M | W | M |

6.(b) Name of ~~husband or~~ wife: Margaret Fritz

6.(c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): May 3, 1921

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 26 | 6 | 19 | hrs. min. |

9. Birthplace: Lewistown-Frederick-Maryland (Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business: E. C. Valentine

FATHER

12. Name: Roy E. Miller, Sr.

13. Birthplace: Frederick County Maryland

MOTHER

14. Maiden name: Goldie Redmond

15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Margaret Miller

Address: #58 Taney Apts., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/25/47 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 24 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hecht Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov 22 1947 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.. to ..... 19.. and that I last saw h/(~~m~~) alive on Nov 22 1947

Immediate cause of death: Gun shot wound of left chest — Suicide

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: Immediate

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 11.22.47

Where did injury occur? Frederick (City or town), Frederick (County), Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: 12 Ga. - Shot Gun Injured at work? No

23. SIGNATURE: R. W. Burn Deputy Med Ex. M. D. or other

Address: Frederick, Md Date signed: 11.22.47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10053

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution? 1 day

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 315 East Second Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3.(a) FULL NAME:** MAUDE E. HUNICHEN MILLER

**3.(b) Social Security Number:** NONE

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married, widowed, or divorced~~: Married

6.(b) Name of husband or ~~wife~~: Harry J. Miller

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): June 27-1880

8. AGE: Years: 67 Months: 4 Days: 20 If less than one day: ....hrs. ....min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Dr. Albert S. Hunichen

13. Birthplace: Baltimore, Maryland

MOTHER

14. Maiden name: Ida Smith

15. Birthplace: Frederick County- Maryland

16. Informant: Miss Evelyn M. Miller

Address: 315 E. Second Street- Fred'k., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11-18-1947 (month) (day) (year)

Cemetery or ~~crematory~~: St. Johns Cemetery

Location: Frederick, Maryland

18. Funeral director: C.E.Cline and Son

Address: Frederick, Maryland

19. Nov 19 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16th. 1947 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1947 to Nov. 16 1947 and that I last saw he alive on Nov. 16 1947

| Immediate cause of death | DURATION |
|---|---|
| Acute Coronary Thrombosis | 3 days |
| Due to | |
| Due to | |
| Other conditions: Chronic Nephritis | |

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. A. Dare M.D. M.D. or other

Address: Frederick, Md. Date signed: 11/17/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

107

10054

Reg. Diat. No. 3

**1. PLACE OF DEATH:**

County: Frederick

~~City or town~~: Mt Pleasant (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City or town~~: Rural Mt Pleasant

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Roland Lee Morgan

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | W | Single |

6.(b) Name of husband or wife —

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1946

8. AGE: Years 1 Months 4 Days 14 If less than one day hrs. min.

9. Birthplace Frederick County (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Elwood Morgan

13. Birthplace Frederick County

MOTHER 14. Maiden name Winifred Albrecht

15. Birthplace Frederick County

16. Informant Elwood Morgan

Address Frederick R F D 1

17. Burial (Burial, cremation, or removal. Where?) Date thereof Nov 19 1947 (month) (day) (year)

Cemetery or ~~crematory~~ Union Chapel

Location Libertytown

18. Funeral director L C Barton

Address Walkersville Md

19. 17 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1947 at 7.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on Nov 16 1947

Immediate cause of death Pneumonia

Bronchio [illegible] 29/47 dead

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION 3 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Bair M.D. Attending

Address Frederick, Md. Date signed 11-17-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10055

94a

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 Years
Hospital, Institution, or street address where death occurred: 311 West Seventh Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 311 West Seventh Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**: NANNIE VIRGINIA MYERS

**3. (b) Social Security Number**: None

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| F | W | M |

6.(b) Name of husband or ~~wife~~: Alvie E. Myers
6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): February 23, 1897

8. AGE: Years: 50 Months: 8 Days: 11 If less than one day: hrs. min.

9. Birthplace: Charlestown-Jefferson-West Virginia
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: John W. Wyndham
13. Birthplace: Jefferson County West Virginia

MOTHER
14. Maiden name: Annie Whittington
15. Birthplace: Jefferson County West Virginia

16. Informant: Alvie E. Myers
Address: 311 W. 7th St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/17/47 (month) (day) (year)
Cemetery or ~~crematory~~: Edge Hill Cemetery
Location: Charlestown, West Virginia

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 17 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hecht Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14, 1947, at 3:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6 1947, to Nov. 14 1947 and that I last saw him alive on Nov. 13 1947

| Immediate cause of death | DURATION |
|---|---|
| Coronary embolism | 20 min. |
| Due to: Coronary thrombosis | 3 months |
| Due to: | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: B. Thomas M. D. (M. D. or other)
Address: Frederick, Maryland Date signed: 11-15-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

93d

10056

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 week
Hospital, Institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 week

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
~~City~~ or town: Dawsonville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME** Dr. Upton D. Nourse

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| m | w | married |

6.(b) Name of ~~husband or~~ wife: Alice W. Nourse
6.(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): June 8 - 1886

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 5 | 6 | hrs. min. |

9. Birthplace: Washington, D.C.
(Town, county, and state)
10. Usual occupation: M.D.
11. Industry or business
FATHER 12. Name: Charles Howard Nourse
13. Birthplace: Virginia
MOTHER 14. Maiden name: Alice Darby
15. Birthplace: Pennsylvania
16. Informant: Mrs. U. D. Nourse
Address: Dawsonville, Md.
17. Burial, ~~cremation, or removal. Which?~~ Date thereof: 11-17-47 (month) (day) (year)
Cemetery or ~~crematory~~: Darnestown Presbyterian
Location: Darnestown, Md.
18. Funeral director: Wm. B. Hilton
Address: Barnesville, Md.
19. 15 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hack Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 14 1947 at 8 30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 28 1947 to Nov. 14 1947 and that I last saw ~~him~~ alive on Nov. 14 1947

| Immediate cause of death | DURATION |
|---|---|
| Acute Coronary Thrombosis | Seconds |
| Due to | |
| Due to: Arteriosclerotic Heart Disease | |
| Other conditions: Hypertension | |

(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. Austin Peare, M.D. M. D. or other
Address: Frederick, Md Date signed: 11/14/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

# CERTIFICATE OF DEATH

Reg. Dist. No. 10053

**1. PLACE OF DEATH:**

County: Frederick

City or town: Ridgeville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Ridgeville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rural--Mt. Airy

(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME:** WILLIAM C. PHEBUS

**3.(b) Social Security Number:** 220-01-5880

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

8.(b) Name of ~~husband or~~ wife: Lucy V. Phebus

8.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.): Nov. 22, 1887

**8. AGE:** Years 59 | Months 11 | Days 26 | If less than one day ... hrs. ... min.

9. Birthplace: Frederick Co. Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: Charles Phebus

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary Crummitt

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Lucy V. Phebus

Address: Mt. Airy, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11-21-47 (month) (day) (year)

Cemetery ~~or crematory~~: Jennings Chapel

Location: Florence, Howard Co. Md.

18. Funeral director: C. M. Waltz

Address: Winfield, Md.

19. 11-21- 19 47 (Date rec'd by registrar) C. A. Runkles Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18 19 47 at 1.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 19 45 to Nov 16 19 47 and that I last saw h. ~~him~~ alive on Nov 17, 1 19 47

Immediate cause of death: Bronchial Asthma — DURATION 10 yrs.

Due to:

Due to:

Other conditions: Arteria sclerosis — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Ernest P. Raab M.D. (M. D. or other)

Address: New Market, Md. Date signed 11-20-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10058

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/24/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/24/47

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Balto. Co.

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1317 Bethlehem Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

**3.(a) FULL NAME**
Demetre Pogash

**3.(b) Social Security Number**
215-03-8739

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of ~~husband or~~ wife: Anna Pogash

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): November 25, ~~1947~~ 1897

8. AGE: Years 49 | Months 11 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual occupation: Molder

11. Industry or business

FATHER
12. Name: Fedor Pogash
13. Birthplace: Russia

MOTHER
14. Maiden name: Anna ?
15. Birthplace: Russia

16. Informant: Deceased

Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 11/10/47 (month) (day) (year)

Cemetery: St. Stanislaus

Location: Baltimore, Maryland

18. Funeral director: George A. Weber

Address: 705 S. Ann St., Baltimore, Md.

19. Nov. 7 1947
(Date rec'd by registrar)
[signature] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 6 1947 at 8:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1947 to Nov. 6 1947 and that I last saw him alive on November 6 1947

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | 11 Mos |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. W. Baccini M. D. or other

Address: State Sanatorium, Md. Date signed: 11/7/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

94a

10059

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

~~City~~ or town: Walkersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Frederick

~~City~~ or town: Walkersville

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

**3.(a) FULL NAME:** George Washington Poole

**3.(b) Social Security Number:** 213-24-8186

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6.(b) Name of ~~husband~~ or wife: Hallie S. Feaga

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Sept 17, 1877

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 1 | 22 | hrs. min. |

9. Birthplace: Frederick Co. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER

12. Name: George W. Poole

13. Birthplace: Frederick Co

MOTHER

14. Maiden name: Margaret Unglebower

15. Birthplace: Frederick Co.

16. Informant: Mrs. Roger Zimmerman

Address: Walkersville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet

Location: Frederick

18. Funeral director: G. C. Barton

Address: Walkersville, Md.

19. 10 Nov 1947 (Date rec'd by registrar) Elizabeth J. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov 9 19 47 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__ and that I last saw him alive on Nov 9 1947 and that death occurred at 4:30 P.M.

Immediate cause of death: Coronary occlusion — Duration: Minutes

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: R. W. Bair Deputy Med Ex. M. D. or other

Address: Frederick, Md Date signed: 11.9.47

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

98d

10660

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH:**
County: Frederick Co
City or town: Near Johnsville, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yr
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Near Johnsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME** Susan Catherine Saylor.

**3.(b) Social Security Number**

4. Sex: Female
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: S. Albert Saylor
Deceased
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1860 - 12 - 6

8. AGE: Years 86 | Months | Days | If less than one day hrs. min.

9. Birthplace: Frederick Co (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: Theo Hoffman
13. Birthplace: Frederick Co
MOTHER 14. Maiden name: Louisa Brook
15. Birthplace: Carroll Co
16. Informant: Mrs Pester Myer
Address: New Windsor Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Beaver Dam
Location: Near Johnsville, Md
18. Funeral director: Raymond K. Wright
Address: Union Bridge Md
19. Nov 26 1947 (Date rec'd by registrar) Ora D. Cupman Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 24 1947 at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1947 to Nov 24 1947
and that I last saw her alive on Nov 23 1947

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | |
| Due to | |
| Due to Arteriosclerosis | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J H Legg M. D. or other
Address: Union Bridge Md Date signed 11-25-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

94a

10061

# CERTIFICATE OF DEATH

Reg. Dist. No. 132

**1. PLACE OF DEATH:**
County: Frederick
City or town: Rural - Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural, Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

**3. (a) FULL NAME:** Harlan Abraham Schildknecht

**3. (b) Social Security Number:** none

4. Sex: male
5. Color or race: white
6.(a) Single, married, widowed, or divorced: widowed
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb. 12, 1869
8. AGE: Years: 78 Months: 9 Days: 16 If less than one day: hrs. min.
9. Birthplace: Middletown Frederick Co., Md. (Town, county, and state)
10. Usual occupation: farmer
11. Industry or business

FATHER
12. Name: Abraham Schildknecht
13. Birthplace: Middletown

MOTHER
14. Maiden name: Esther Hook
15. Birthplace: Middletown

16. Informant: Dorothy Schildknecht
Address: Middletown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 2, 1947 (month) (day) (year)
Cemetery or crematory: Lutheran Cemetery
Location: Middletown

18. Funeral director: Gladhill Co.
Address: Middletown, Md.

19. Dec 2 1947 Gladhill Co. Registrar
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1947 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1947 to Nov 28 1947 and that I last saw h. alive on Nov 28 1947

Immediate cause of death: Coronary Occlusion — DURATION: 6 hrs
Due to:
Due to:
Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. E. Harp M.D. (M. D. or other)
Address: Middletown Date signed: 11-29-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

46ex

10662

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Months
Hospital, institution, or street address where death occurred:
11 N. Jefferson Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 11 N. Jefferson Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME**
MRS. SARA CAROLINE PROPES SHAVER

**3.(b) Social Security Number**
None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Samuel A. Shaver
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 18, 1871

8. AGE: Years 76 | Months 7 | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Peachy Harrison Propes
13. Birthplace: Augusta Co., Va.

MOTHER
14. Maiden name: Julia A. Strickler
15. Birthplace: Augusta Co., Va.

16. Informant: Mr. Jesse C. Shaver
Address: Frederick, Md.

17. Burial (Burial, cremation, or removal: Which?) Date thereof: November 22, 1947 (month) (day) (year)
Cemetery or crematory: Blue Ridge Cemetery
Location: Thurmont, Maryland

18. Funeral director: C. E. Cline & Son
Address: Frederick, Maryland

19. 22-Nov 1947 (Date rec'd by registrar) Elizabeth G. Herb Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 19th 1947 at 8:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1947 to November 19 1947 and that I last saw her alive on November 18 1947

Immediate cause of death: Carcinoma of Sigmoid — Duration: 7 1

Due to:

Due to:

Other conditions: Hypertensive Cardio-Vascular Disease.
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard W. Ash M.D. M. D. or other
Address: Frederick Date signed: 11-20-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

93d

10063

# CERTIFICATE OF DEATH

Reg. Dist. No. 134

**1. PLACE OF DEATH:**
County: Carroll Frederick
City or town: Taneytown-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Taneytown Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mrs. Helen S. Smith

3.(b) Social Security Number: none

4. Sex: F
5. Color or race: W
6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Ernest T. Smith
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 11, 1878

8. AGE: Years 69 | Months 1 | Days 3 | If less than one day hrs. min.

9. Birthplace: Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER
12. Name: Cornelius Shriner
13. Birthplace: Pa.
14. Maiden name: Columbia Clark
15. Birthplace: Pa.

16. Informant: Ernest T. Smith
Address: Taneytown, Md. R#3

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 18, 1947 (month) (day) (year)
Cemetery or crematory: Taneytown Lutheran
Location: Taneytown, Md.

18. Funeral director: C.O. FUSS & SON
Address: Taneytown, Md.

19. Nov 16 1947 (Date rec'd by registrar) M. R. Shuff Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov 14 1947 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Nov 14 1947 and that I last saw deceased alive on Nov 14, 1947

| | DURATION |
|---|---|
| Immediate cause of death: Coronary occlusion | 1 hour |
| Due to: arteriosclerotic cardio-vas. disease | several years |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. R. Codle MD M. D. or other
Address: Emmitsburg Md Date signed 11-15-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9 3d 10664

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

~~City or town~~: Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City or town~~: Mount Airy-Rural R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Mount Airy

(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3.(a) FULL NAME:** KATHLEEN REBECCA SMITH

**3.(b) Social Security Number:** None

4. Sex: F

5. Color or race: W

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: M

6.(b) Name of husband or ~~wife~~: James H. Smith

6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): July 12, 1905

8. AGE: Years 42 | Months 3 | Days 26 | If less than one day: hrs. min.

9. Birthplace: Walkersville-Frederick-Maryland (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER 12. Name: William D. Barrick

13. Birthplace: Frederick County Maryland

MOTHER 14. Maiden name: Mamie A. Hoke

15. Birthplace: Frederick County Maryland

16. Informant: James H. Smith

Address: R. F. D. #4, Mt. Airy, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/11/47 (month) (day) (year)

Cemetery or ~~crematory~~: Glade Cemetery

Location: Walkersville, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 10 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 8, 1947, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1947, to Nov. 8 1947 and that I last saw he ✓ alive on Nov. 8 1947

Immediate cause of death: Hypertensive Cardio-Vascular Disease — DURATION: 2 years.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Bernard Hennessy M. D. (M. D. or other)

Address: Frederick, Maryland Date signed: 11-10-47

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

57e

10065

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since November 16, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City~~ or town: Adamstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
WILLIAM CALVIN SMITH

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married~~, widowed, or ~~divorced~~ |
|---|---|---|
| M | W | W |

6.(b) Name of ~~husband~~ or wife: Sarah Bussard
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 16, 1865

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 8 | 7 | hrs. min. |

9. Birthplace: Frederick County Maryland
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Henry E. Smith
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Mary Haller
15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Lee Dutrow
Address: Adamstown, Maryland

17. Burial
(Burial, ~~cremation, or removal~~. Which?) Date thereof: 11/26/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 25 Nov 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23, 1947 at 1:22P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16 1947, to Nov. 23 1947 and that I last saw him alive on Nov. 23 1947

| | DURATION |
|---|---|
| Immediate cause of death: hypocarbia & failure (Post-operative | 2 days |
| Due to: Intestinal obstruction and operation — Jejuno-colostomy | 2 weeks 2 days |
| Due to: Gelatinoid tumor — exact character unknown | |
| Other conditions: Arteriosclerosis | |

(Include pregnancy within 3 months of death)

Major findings of operations: Tumor or inflammatory mass obstructing duodenum — possibly pancreatic
Date of op. Nov. 21-1947

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Worthington M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 11-24-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93d

10066

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since November 8, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Braddock Springs
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME**
ANNIE STROBEL

**3.(b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married, widowed, or divorced~~ |
|---|---|---|
| F | W | M |

6.(b) Name of husband or ~~wife~~: Edward J. A. Strobel
6.(c) If alive, give age: 69 years
7. Birth date of deceased (mo., day, yr.): July 25, 1881

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 3 | 28 | hrs. min. |

9. Birthplace: Baltimore, Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business
FATHER 12. Name: Ahard Schlenker
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Bertha (last name unknown)
MOTHER 15. Birthplace: Germany
16. Informant: Edward J. A. Strobel
Address: R. F. D. #5, Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/26/47 (month) (day) (year)
Cemetery or ~~crematory~~: Baltimore Cemetery
Location: Baltimore, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. 24 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23rd 1947 at 3:30A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 1947 to Nov 23 1947
and that I last saw h... or alive on Nov 23 1947

| Immediate cause of death | DURATION |
|---|---|
| Chr myocarditis | 6 years |
| Due to: acute Decompensation | 2 weeks |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. Laurence Fahney M. D. (M. D. or other)
Address: Frederick, Maryland Date signed: 11-24-47

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

10068

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or ~~town~~: Frederick, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hours

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City~~ or town: Thurmont - rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

**3.(a) FULL NAME**

Stull Rodger Eli Stull

**3.(b) Social Security Number**

None

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married, widowed, or divorced~~ |
|---|---|---|
| Male | White | Married |

6.(b) Name of husband or ~~wife~~: Olive Black

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): October 18, 1903

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 44 | I | 6 | hrs. min. |

9. Birthplace: Lewistown, Frederick Co., Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Frank S. Stull

13. Birthplace: Lewistown, Md.

MOTHER 14. Maiden name: Minnie E. Freshour

15. Birthplace: Lewistown, Md.

16. Informant: Mrs. Minnie E. Freshour.

Address: Lewistown, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 27, 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Prospect

Location: Lewistown, Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Md.

19. Nov. 27 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: 24 NOVEMBER 1947 at 4:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 P.M. 24 Nov. 1947 to 4:50 P.M. 24 Nov. 1947 and that I last saw h/ M alive on 24 Nov. 1947

| Immediate cause of death | DURATION |
|---|---|
| Diabetic Coma | 12 hours |
| Due to: Diabetes Mellitus | ? |
| Due to: | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles H. Conley Jr. M.D. M. D. or other

Address: Frederick Md. Date signed: 25 Nov. 47

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93d

10069

Reg. Dist. No. 134

**1. PLACE OF DEATH:**
County: Frederick
City or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME**: David Emory Stultz

**3.(b) Social Security Number**: None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife: Ida Hankey Stultz
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 28, 1876

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 11 | 9 | hrs. min. |

9. Birthplace: Adams County, Pennsylvania
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Thaddeus T.S. Stultz
13. Birthplace: Adams County, Pennsylvania
MOTHER 14. Maiden name: Martha E. Lightner
15. Birthplace: Adams County, Pennsylvania
18. Informant: Robert H. S. Stultz
Address: Fairfield, Pennsylvania, R.D.2
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10, 1947 (month) (day) (year)
Cemetery or crematory: Fairfield Union Cemetery
Location: Fairfield, Pennsylvania
18. Funeral director: V. L. Ashelman
Address: Emmitsburg, Maryland
19. Nov 8 1947 (Date rec'd by registrar) M. F. Shuff Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 7, 1947, at 10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1947 to Nov 7 1947
and that I last saw him alive on Nov 7 1947

| Immediate cause of death | DURATION |
|---|---|
| Cardiac decompensation | 2 weeks |
| Due to: Coronary occlusion | 3 mo |
| Due to: Arteriosclerotic cardio vas. disease | several years |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. P. Cade M.D. M. D. or other
Address: Emmitsburg Md. Date signed: 11.8.47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10067

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Frederick Memorial Hospital
How long in hospital or institution? Since November 13, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**: FREDERICK JAMES STUNKLE

**3. (b) Social Security Number**: None

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| M | W | M |

6.(b) Name of ~~husband or~~ wife: Pearl Bell Fry
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): October 8, 1872

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 1 | 6 | hrs. min. |

9. Birthplace: Frederick County Maryland (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business
FATHER 12. Name: Charles H. Stunkle
13. Birthplace: Frederick County Maryland
MOTHER 14. Maiden name: E. Jane Burck
15. Birthplace: Frederick County Maryland
16. Informant: Mrs. Frederick J. Stunkle
Address: Point of Rocks, Maryland
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/18/47 (month) (day) (year)
Cemetery or ~~crematory~~: St. Pauls Cemetery
Location: Point of Rocks, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. 11-[illegible] 19[illegible] Elizabeth G. Heck Registrar
(Date rec'd by registrar)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 14, 1947, at 3:05P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1947, to Nov 14 1947 and that I last saw h. ~~him~~ alive on Nov. 14 1947

| | DURATION |
|---|---|
| Immediate cause of death: Pulmonary Edema | 2 Days |
| Due to: Pneumonia, bronchial [1/6/47 also] | 2 Days |
| Due to: | |
| Other conditions: Senility and Paralysis 4 years | 1 yr |

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: —
Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: A. L. Brice M. D.
M. D. or other
Address: Jefferson, Maryland Date signed: 11-15-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93d 10070

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since November 3, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1194-A North Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
DAVID CLAYTON SULCER

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | W |

6.(b) Name of husband or wife: Gertrude Tritapoe
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 5, 1870

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 1 | 1 | ..... hrs. ..... min. |

9. Birthplace: Jefferson-Frederick-Maryland (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Henry Sulcer
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Mary Catherine Hale
15. Birthplace: Frederick County Maryland

16. Informant: Alvey N. Sulcer
Address: 1194-A N. Market St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/9/47 (month) (day) (year)
Cemetery or crematory: St. Pauls Lutheran Cemetery
Location: Jefferson, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 7-Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 6th 1947 at 10:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1947 to Nov 6 1947 and that I last saw him alive on November 6 1947

| | DURATION |
|---|---|
| Immediate cause of death: Coronary Thrombosis | 1 week |
| Due to: Chronic Myocarditis | ?? |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard W. Ach, M. D. (M. D. or other)
Address: Frederick, Maryland Date signed: 11-7-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

830

10071

Reg. Dist. No. 141

**1. PLACE OF DEATH:**

County: Frederick

City or town: Knoxville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 85

Hospital, institution, or street address where death occurred: Knoxville

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Knoxville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Mountain Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John E. Swope (Swope)

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Georgie A. Heath

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 17 1862

8. AGE: Years 85 Months 6 Days 29 If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: B.O.R.R. Retired.

11. Industry or business: Transportation

FATHER

12. Name: John Henry Swope

13. Birthplace: Knoxville Md.

MOTHER

14. Maiden name: Nancy Yardley

15. Birthplace: Maryland

16. Informant: Georgie A. Swope

Address: Knoxville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 (month) 19 (day) 47 (year)

Cemetery or crematory: Reformed

Location: Knoxville Md.

18. Funeral director: C. H. Feete & Bro

Address: Brunswick Md.

19. Nov. 18 1947 (Date rec'd by registrar) Kathryn H. Brown Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 1947 at 1:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 1947 to Nov. 17 1947 and that I last saw him alive on November 16 1947

Immediate cause of death: Cerebral Hemorrhage — Duration: 13 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. W. B. Carpenter M. D. or other

Address: Louisville, Va. Date signed 11/18/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92a

10672

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH**

County: Frederick

City or town: Libertytown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Libertytown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Joseph Clarence Thomas

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | Colored | Single |

6.(b) Name of husband or wife —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan 6. 1880

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 10 | 18 | ... hrs. ... min. |

9. Birthplace: Libertytown Md. (Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business: Farm

FATHER 12. Name: John A. Thomas

13. Birthplace: Maryland

MOTHER 14. Maiden name: Eliza J. Roberts

15. Birthplace: Maryland

16. Informant: Harry Raymond Thomas

Address: Libertytown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28. 1947 (month) (day) (year)

Cemetery or crematory: John Wesleys

Location: Libertytown Md.

16. Funeral director: Powell & Hartsler

Address: Woodsboro Md.

19. Nov 25 1947 (Date rec'd by registrar) [signature] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 24th 1947, at 10.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Nov. 24 1947 and that I last saw him alive on Nov. 21st 1947

| | DURATION |
|---|---|
| Immediate cause of death: Coronary Occlusion | 10 min 2 hrs |
| Due to: Aortic Valvular lesion | about 2 yrs |
| Due to: Cardiac Enlargement | 1½ yrs |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Otis B. Stone, M. D., or other

Address — Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

47d

10073

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DEASCED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Near Urbana
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
STELLA SNOUFFER TROUPE

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | W | M |

6.(b) Name of husband or wife: Merhl Troupe, Jr.
6.(c) If alive, give age: 37 years
7. Birth date of deceased (mo., day, yr.): September 26, 1902

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 45 | 1 | 7 | hrs. min. |

9. Birthplace: Nr. Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business
FATHER 12. Name: Charles G. Geisbert
13. Birthplace: Frederick County Maryland
MOTHER 14. Maiden name: Sarah E. Snouffer
15. Birthplace: Frederick County Maryland
16. Informant: Charles G. Geisbert
Address: R. F. D. #2, Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/5/47 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. 4 Nov 1947 (Date rec'd by registrar) Elizabeth G. Hech Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: November 3, 1947, at 5:45A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1947 to Nov 3 1947
and that I last saw h. alive on Nov 2 1947

| Immediate cause of death | DURATION |
|---|---|
| Sarcoma of Lungs | 1 month |
| Due to: Primary Ot Tibia | 2 years |
| Due to: | |
| Other conditions: Exhaustion | 10 days |

(Include pregnancy within 8 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. Lawrence Fahrney M. D.
Address: Frederick, Maryland Date signed: 11-3-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Fine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93a

## CERTIFICATE OF DEATH

10074

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City or ~~Town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~Town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1309 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3. (a) FULL NAME**

BEATRICE SYLVESTER WACHTER

**3. (b) Social Security Number**

None

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married, widowed, or divorced~~ |
|---|---|---|
| F | W | M |

6.(b) Name of husband or ~~wife~~: Vance A. R. Wachter

6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): April 10, 1900

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 47 | 7 | 2 | ...hrs. ...min. |

9. Birthplace: New Midway-Frederick-Maryland (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER 12. Name: Nevin S. Burrier

13. Birthplace: Frederick County Maryland

MOTHER 14. Maiden name: May Martz

15. Birthplace: Frederick County Maryland

16. Informant: Vance A. R. Wachter

Address: 1309 N. Market St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/15/47 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 15 Nov 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12, 1947 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1947 to Nov 12 1947 and that I last saw he alive on Nov 12 1947

Immediate cause of death: Myocarditis acute

| | DURATION |
|---|---|
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Mason M.D. M. D. or other

Address: Nevin Burrier Date signed: Nov 12 47

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

55e+

10075

# CERTIFICATE OF DEATH

Reg. Dist. No. 134

**1. PLACE OF DEATH:**
County: Frederick
City or town: St. Anthony's
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: St. Anthony's
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

**3.(a) FULL NAME:** ANNA ALICE WEANT

**3.(b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife: Harry E. Weant
6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): February 12, 1868

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 9 | 10 | hrs. min. |

9. Birthplace: Middleburg, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: David P. Reightler
13. Birthplace: Baltimore, Md.
MOTHER 14. Maiden name: Tabitha Fleagle
15. Birthplace: Carroll County, Md.
16. Informant: Mr. Harry E. Weant.
Address: Emmitsburg, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 25, 1947 (month) (day) (year)
Cemetery or crematory: United Brethern
Location: Thurmont, Md.
18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.
19. Nov 24 1947 (Date rec'd by registrar) M. F. Shuff Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22, 1947 at 11 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1947 to November 22 1947 and that I last saw him alive on October 27 1947

| Immediate cause of death | DURATION |
|---|---|
| Sarcomatosis | 1 1/2 yrs. |
| Due to: Sarcoma of right arm | 3 yrs. |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)
Major findings of operations: Sarcoma of right arm
Date of op. 1945
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: M. Frakes Bosl M.D. M. D. or other
Address: Thurmont, Md. Date signed: 11/24/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

46 & X 10076

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
~~City or town~~: Adamstown-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
Greenfield
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Adamstown-Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Greenfield
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME**
CHARLES C. WEEDON

**3.(b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| M | C | M |

6.(b) Name of ~~husband~~ or wife: Daisy Irene Russell
6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): February 18, 1884

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 9 | 11 | hrs. min. |

9. Birthplace: Hope Hill-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Alfred Weedon
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Ann Pricilla Harper
15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Daisy Weedon
Address: Adamstown, Md. - Rural

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 12/3/47 (month) (day) (year)
Cemetery or ~~crematory~~: Della Cemetery
Location: Near Buckeystown, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 4 Dec 1947 (Date rec'd by registrar) Elizabeth G. Hecht Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29th 1947 at 9:30P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 27 1947 to Nov 29 1947 and that I last saw him alive on Nov 29 1947

| | DURATION |
|---|---|
| Immediate cause of death: Congestive heart failure | Indef |
| Due to: Carcinoma of Stomach | Indef |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. H. Adams MD. M. D. or other
Address: Poolesville, Md. Date signed: Dec 1, 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

94a

10077

# CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**
County: Frederick
City or town: Rural- Creagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural- Creagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME**
Mrs. Mary Miller Wenzel

**3.(b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife: Charles H. Wenzel
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): April 26-1880

8. AGE: Years: 67 Months: 6 Days: 29 If less than one day: hrs. min.

9. Birthplace: Frederick County Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Joshua Miller
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Josephine ? Miller
15. Birthplace: Frederick County Maryland

16. Informant: Mr. Charles H. Wenzel- Husband
Address: Near Creagerstown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28-1947 (month) (day) (year)
Cemetery or crematory: Westminster Cemetery
Location: Westminster, Maryland

18. Funeral director: C.E. Cline and Son
Address: Frederick, Maryland

19. 26 Nov 1947 (Date rec'd by registrar) Blanche A. Eyler Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25th. 1947 at 11 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10th 1947, to Nov. 25th 1947 and that I last saw her alive on Nov. 26th 1947

Immediate cause of death: Coronary Thrombosis

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 4 hrs; 5 yrs

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedge M. D. or other
Address: Frederick Md. Date signed: Nov 26th 1947

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Frank Hodgson

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

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10078

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 2 Weeks

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War II

**3.(a) FULL NAME**
CLIFFORD MONROE WETZEL

**3.(b) Social Security Number**
219-12-1014

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed~~, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of ~~husband~~ or wife: Betty Ketterman
6.(c) If alive, give age: 20 years
7. Birth date of deceased (mo., day, yr.): February 15, 1925

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 22 | 8 | 30 | hrs. min. |

9. Birthplace: Frederick County, Maryland
(Town, county, and state)
10. Usual occupation: Plumber
11. Industry or business

FATHER
12. Name: Charles E. Wetzel
13. Birthplace: Mount Airy, Maryland

MOTHER
14. Maiden name: Bessie Young
15. Birthplace: Frederick, Maryland

16. Informant: Mr. Franklin T. Wetzel
Address: Point of Rocks, Maryland

17. Burial
(Burial, ~~cremation, or removal~~. Which?)
Date thereof: November 17, 1947 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: C. E. Cline & Son
Address: Frederick, Maryland

19. 17 Nov 1947 Elizabeth G. Hecht
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14th 19 47 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
and that I last saw him alive on Nov 14 1947
died

Immediate cause of death: 1st 2nd & 3rd degree burns of lungs & body — DURATION: 15 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 10.30.47
Where did injury occur? Frederick (City or town) Frederick (County) Md. (State)
Injured at home, farm, industry, public place (where?): Thurmont Shops.
Means of injury: gasoline Injured at work? yes

23. SIGNATURE: P. W. Baer Ex. Deputy Med. Examiner
M. D. or other
Address: Frederick, Md. Date signed: 11.19.47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

10079

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 da
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 5 da

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Frederick
~~City or town~~: Eylers Valley
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

**3.(a) FULL NAME** Eliza Jane Wolfe

**3.(b) Social Security Number** no

4. Sex: F
5. Color or race: W
6.(a) ~~Single~~, married, widowed, or divorced: Married
6.(b) Name of husband or ~~wife~~: Elmer S. Wolfe
6.(c) If alive, give age: 79 years
7. Birth date of deceased (mo., day, yr.): Sept 25-1873

8. AGE: Years 74 Months 2 Days 0 If less than one day hrs. min.

9. Birthplace: Fort Fred Co. Md (town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Daniel Stottlemyer
13. Birthplace: Md
MOTHER 14. Maiden name: Elizabeth ?
15. Birthplace: Md
16. Informant: Rodger Wolfe
Address: Thurmont Md
17. Burial (Burial, ~~cremation, or removal. Where~~) Date thereof: Nov. 28-47 (month) (day) (year)
Cemetery or ~~crematory~~: Bethel Cem
Location: Mt. Garfield Md
18. Funeral director: M. L. Hereon Jr
Address: Thurmont Md
19. Nov 28 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25 1947 at 2 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1947 to Nov 25 1947 and that I last saw h~~er~~ alive on Nov 25 1947

| Immediate cause of death | DURATION |
|---|---|
| Pneumonia | 7 |
| Due to | 1 |
| Due to Acute Nephritis | |
| Diabetes | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E P Thomas M. D. or other
Address: Frederick Md Date signed Nov 26-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

83a 10080

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 Years
Hospital, institution, or street address where death occurred:
Near Frederick
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Near Frederick
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3. (a) FULL NAME**
CORNELIA E. YOUNG

**3. (b) Social Security Number**
None

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| F | W | M |

6.(b) Name of husband or ~~wife~~: Leslie B. Young
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): March 7, 1875

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 8 | 20 | ...hrs. ...min. |

8. Birthplace: Frederick County Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: Temple Fouche
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Ellen Handley
15. Birthplace: Frederick County Maryland

18. Informant: Leslie B. Young
Address: R. F. D. #3, Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 11/29/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 28-Nov 1947 (Date rec'd by registrar) Elizabeth G. Hoch Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27, 1947 at 4:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1947, to Nov. 27 1947 and that I last saw him alive on Nov. 26. 1947

| Immediate cause of death | DURATION |
|---|---|
| Cerebral hemorrhage | 14 days. |
| Due to | |
| Due to | |
| Other conditions: Acute dilatation heart | 2 days. |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. M. Smith M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 11-28-47

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